

Alternative Method Affidavit

(Please Type)

I certify that I intend to qualify by the alternative method as a candidate for
the office of Miami Beach City Commission Group V
(include district, circuit, group or seat numbers)

as a:

- ☐ Partisan Candidate, Member of the _____
Party
- ☒ No Party Affiliation Candidate (*formerly independent*)
- ☐ Nonpartisan Candidate (*includes judicial offices*)

**Under penalties of perjury, I declare that I have read the
foregoing affidavit and that the facts stated in it are true.**

Stuart Reed



Print Name of Candidate

Signature of Candidate

1420 Pennsylvania Ave.

Residence Address (do not use post office box)

Miami Beach

FL

33139

City

State

Zip Code

(305) 674-9495

Day Phone

(305) 674-1968

Fax Number

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6/14/20